PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/518,690			ing Date 15/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
\vdash	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	_	RATE (\$)	FEE (\$)	
×	BASIC FEE (37 CFR 1.16(a), (b), c	or (c))	N/A		N/A		N/A		1	N/A	300	
	SEARCH FEE (37 CFR 1.16(k), (i), c		N/A		N/A		N/A		1	N/A		
×		E	N/A		N/A		N/A		1	N/A	200	
	TAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *			l	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
	MULTIPLE DEPEN	DENT CLAIM PR	ESENT (3	7 CFR 1.16(j))		IJ]			
* If t	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL	500	
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
AMENDMENT	11/01/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ĭ,	Total (37 CFR 1.16())	· 18	Minus	 20	= 0	l	x \$ =		OR	X \$50=	0	
ä١	Independent (37 CFR 1.16(h))	• 4	Minus	 3	= 1] [x \$ =		OR	X \$210=	210	
M	Application Size Fee (37 CFR 1.16(s))											
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	210	
L		(Column 1)		(Column 2)	(Column 3)							
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z I	Total (37 CFR 1,16())		Minus	**	=	П	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	=	1	x \$ =		OR	x s =		
핆	Application Size Fee (37 CFR 1.16(s))					1]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Γ						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
*** If	If the entry in column 1 is less than the entry in column 2, write "or in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Proviously Paid For IN THIS SPACE is less t											

This collection of information is required by 37 CFR. 1.16. The information is required to obtain or retain a benefit by the public with in it is lief land by the LISPTO to process) an application. Confidentiality is overwined by 80 LSC. 122 and 37 CFR. 1.14. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the LISPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, VA 22313-1450.